

Warranty Claim Form

V1.3 1/2022

INSTRUCTIONS:

Please fill in all data or input N/A where not applicable.

Please attach all relevant information (photos, spreadsheets, engineering reports, etc).

DISCLAIMER:

The present claim form is provided only for informative reasons and for organizing and reporting customers' claims and in no case, shall it be deemed that RECOM in any way accepts the existence, accuracy, validity, correctness and/or completeness of such claim. It is the responsibility of customer to complete all claim forms truthfully, to provide complete, correct and accurate information and documentation. RECOM and its subsidiaries or affiliates reserve the right to ask for clarifications, additional or other information, not included or mentioned in this claim form.



| CUSTOMER AND PURCHASE DETAILS | |
|--|--|
| CUSTOMER/ COMPANY NAME | |
| CUSTOMER ADDRESS (CITY/POSTCODE/COUNTRY) | |
| CUSTOMER TELEPHONE AND EMAIL | |
| NUMBER OF PURCHASED MODULES | |
| SOLAR MODULES SUPPLIER | |
| SOLAR MODULES PRODUCT CODE | |
| DATE OF PURCHASE INVOICE | |
| MODULES DELIVERY DATES | |
| PURCHASE INVOICE NUMBER | |
| INSTALLATION DETAILS | |
| PV INSTALLATION ADDRESS (CITY/POSTCODE/COUNTRY) | |
| TOTAL INSTALLED PEAK POWER | |
| TYPE OF INSTALLATION (ROOF/GROUND) | |
| INVERTER TYPE (CENTRAL/STRING) | |
| INVERTER BRAND | |
| PV INSTALLER COMPANY | |
| DEFECT DETAILS | |
| DATE OF DEFECT | |
| NUMBER OF DEFECTIVE MODULES | |
| SERIAL NUMBERS OF DEFECTIVE MODULES (PLEASE ATTACH SERIAL NUMBERS LIST IN A SEPARATE DOCUMENT) | |



| | |
|---|--|
| TYPE OF DEFECT (PLEASE DESCRIBE IN DETAIL) | |
| TYPE OF EVIDENCE PROVIDED (PHOTOS, THERMOGRAPHIC REPORT, I-V CURVES ETC) | |
| CONTACT PERSON NAME (FOR TECHNICAL ISSUES) | |
| CONTACT PERSON TELEPHONE AND EMAIL | |

I hereby declare that the information submitted is accurate.

Name, Position

Date

Signature & Stamp

